

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid for		Present Extra	Rate	Additional Fee	Rate	Additi nal Fee
Total	5	Minus	23	-	x 9	-	x 18	-
Indep.	1	Minus	3	-	X 42	-	x 84	-
Fee for Multiple Dependent Claims					+140		+280	-
TOTAL ADDITIONAL FEES							OR	-

3. **Method of Payment of Fees**

(X) Enclosed is our firm check in the amount of: \$ 460.00 to cover the extension fee.

() Charge \$ _____ to Deposit Account No. 50-1214.

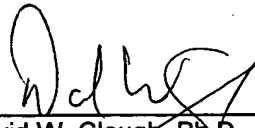
4. (x) The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1214. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1214. This sheet is filed in duplicate.

Respectfully Submitted,

February 26, 2002
(Date)

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By:



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